STATE OF VERMONT

HUMAN SERVICES BOARD

In re)	Fair	Hearing	No.	T-08/09-419
)				
Appeal of)				

INTRODUCTION

The petitioner appeals the decision by the Department for Children and Families, Economic Services Division, Health Access Eligibility Unit (HEAU) terminating her VPharm-3 benefits following the petitioner's failure to pay her premium in a timely manner. The following findings are not in dispute and are based on the representations of the parties at a hearing held on September 4, 2009.

FINDINGS OF FACT

- 1. The petitioner is a single woman with earned income that fluctuates monthly. In June 2009 the petitioner was enrolled in VPharm, subject to the payment of a monthly premium of \$17.
- 2. Based on an increase in income the petitioner reported on an application the petitioner filed on June 8,

2009, HEAU sent the petitioner a notice on June 23, 2009 finding her eligible for VPharm-3 coverage, effective July 1, 2009, with a premium of \$50 a month.

- 3. When the petitioner did not pay her premium by its due date the Department sent her a notice dated July 20, 2009 closing her VPharm-3 benefits effective July 31, 2009. The notice included specific instructions for payment of her premium and included the following advice: "If we receive and process you payment before coverage ends, your coverage will continue."
- 4. When HEAU had not received the petitioner's premium by July 31, 2009 it terminated the petitioner's VPharm-3 coverage effective that date.
- 5. The petitioner does not dispute that she did not pay her premium in a timely manner and that she received the various notices from HEAU regarding her coverage. At the hearing the petitioner maintained that she could not afford to pay the premium, and took issue with the fact that the regulations do not sufficiently take her living expenses into account. Fortunately, however, she stated that she does not incur covered pharmacy expenses of \$50 a month, so she is

willing to go without VPharm coverage at this time. The

Department and the hearing officer advised her to reapply for

coverage if her situation should change.

ORDER

The Department's decision terminating the petitioner's VPharm-3 coverage as of July, 2009 is affirmed.

REASONS

Based on a legislative directive (Act 66 of 2003) to enact cost-savings measures designed to sustain the public health care assistance programs, the Department has adopted regulations establishing monthly "premiums" to be paid prospectively by all VPharm recipients. In this case there is no claim or indication that the Department did not determine the petitioner's income and premium amount in accordance with its rules. See W.A.M. § 5414. The regulations require that coverage shall be terminated if an individual does not pay the required program fee by the billing deadline. See W.A.M. § 5441. In this case there is no dispute that the petitioner did not pay her program fee by the July 31, 2009 deadline and that she was duly and timely notified by the Department of the closure of her benefits as of that date.

Inasmuch as the Department's decision in this matter was in accord with the pertinent regulations the Board is bound to affirm. 3 V.S.A. § 3091(d), Fair Hearing Rule 1000.4D.

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